

No. C 175155		Due no later than Sep 30, 2010		Annual Report Form				2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HOWELL ORTHODONTICS, INC. JASON R HOWELL 1910 S MERIDIAN RD STE 100 MERIDIAN ID 83642 USA		JASON HOWELL 1910 S MERIDIAN RD STE 100 MERIDIAN ID 83642					
				3. <u>New</u> Registered Agent Signature:*					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
DIRECTOR	JASON R HOWELL	1910 S. MERIDIAN RD. STE.100	MERIDIAN	ID	USA	83642			
PRESIDENT	ROBYNN HOWELL	1910 S. MERIDIAN RD. STE.100	MERIDIAN	ID	USA	83642			
5. Organized Under the Laws of: ID C 175155		6. Annual Report must be signed.* Signature: Jason Howell Name (type or print): Jason Howell Date: 10/18/2010 Title: Director							
Processed 10/18/2010		* Electronically provided signatures are accepted as original signatures.							